

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM M-875)

SERIAL NO.

D91648540  
APPLICANT(S)

FILING DATE

8-28-84

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1					51					
2					52					
3					53					
4					54					
5					55					
6					56					
7					57					
8					58					
9					59					
10					60					
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38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
OTAL ID.	8				TOTAL IND.					
OTAL EP.	10	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓	
OTAL CLAIMS	18	↓	↓	↓	TOTAL	↓	↓	↓	↓	

BEST AVAILABLE COPY